

CONTRACTOR'S TRANSPORTATION FACILITIES DATA						1. DATE			
2. CONTRACTOR									
a. NAME				b. LOCATION		c. CAGE CODE			
3. TRAFFIC MANAGER		a. NAME		4. ASSISTANT TRAFFIC MANAGER		a. NAME			
		b. TELEPHONE NUMBER				b. TELEPHONE NUMBER		c. FAX NUMBER	
c. FAX NUMBER									
SECTION I - RAILROAD FACILITIES									
5. RAILROAD SERVING			6. NEAREST TRACK SCALE LOCATION			7. RECIPROCAL SWITCHING? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO			
8. SIDING <input type="checkbox"/> a. PRIVATE <input type="checkbox"/> b. TEAM <input type="checkbox"/> c. OPEN <input type="checkbox"/> d. ENCLOSED <input type="checkbox"/> e. PARTIALLY ENCLOSED			9. LOADING PLATFORM IS <input type="checkbox"/> a. LEVEL WITH CAR FLOOR <input type="checkbox"/> b. LOWER <input type="checkbox"/> c. HIGHER <input type="checkbox"/> d. SPECIFY DIFFERENCE (If lower or higher)						
10. NEAREST OFF SITE LOADING FACILITY			11. TOFC LOADING CAPABILITY <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		12. DAILY CARLOADING CAPACITY a. NORMAL b. MAXIMUM				
13. MAXIMUM DIMENSIONS OF CARS THAT CAN BE ACCOMMODATED			14. END AND DOUBLE DOOR BOX CARS CAN BE LOADED /UNLOADED? <input type="checkbox"/> a. YES IF "YES," DESCRIBE: <input type="checkbox"/> b. NO						
SECTION II - MOTOR CARRIER FACILITIES									
15. NUMBER OF TRUCK DOCKS a. OPEN c. TAILGATE LEVELERS b. CLOSED <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO				16. TRUCKLOADING CAPACITY PER DAY a. NORMAL b. MAXIMUM					
17. MAJOR CARRIERS UTILIZED									
a. TRUCKLOAD		b. LTL		c. SMALL PACKAGE SCHEDULED SERVICE? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO					
SECTION III - ACCESSIBILITY TO AIR FACILITIES									
18. NEAREST AIRPORT			20. MAJOR AIR FREIGHT SERVICES UTILIZED						
19. CAPABILITY TO HANDLE SPECIALIZED CONTAINERS? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO									
SECTION IV - WATER OR PORT FACILITIES									
21. NEAREST PORT FACILITY			22. CONTAINER FACILITIES AVAILABLE? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO IF "YES," SPECIFY						
SECTION V - SPECIAL REQUIREMENTS									
23. CONTRACTOR SHIPS HAZARDOUS MATERIAL? IF "YES," ARE PERSONNEL CERTIFIED?			<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		24. CONTRACTOR SHIPS CLASSIFIED MATERIAL? IF "YES," ARE SECURITY AREAS AVAILABLE?			<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO	
SECTION VI - GENERAL INFORMATION									
25. MECHANIZED HANDLING EQUIPMENT a. CONVENTIONAL? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO b. SPECIALIZED? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO IF "YES," SPECIFY									
26. IS CRANE AVAILABLE? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		27. CRANE TYPE AND CAPACITY <input type="checkbox"/> a. MOBILE (Tons) <input type="checkbox"/> b. STATIONARY (Tons)				28. SHIPPING AREA (Square Feet)			
29. NORMAL WORK HOURS		30. DAYS PER WEEK		31. SHIFTS PER DAY		32. ARE CAPABILITIES FOR LOADING, BLOCKING, BRACING ADEQUATE? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO			
33. SQ. FT. OF AVAILABLE STORAGE SPACE									
a. INSIDE		b. OUTSIDE		c. COVERED		d. OPEN			
34. ARE AUTOMATED COMMUNICATIONS SYSTEMS AVAILABLE? IF "YES," SPECIFY				<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO					
35. REMARKS									